

**Office of the United States Trustee - Region 2
District of Connecticut**

Chapter 11 Monthly Report for Confirmed Cases

Each month, all confirmed Chapter 11 Debtors must file this report with the Bankruptcy Clerk's office and provide a copy to the Office of the United States Trustee

Debtor Name: _____ Case Number _____

For the month of: _____ Confirmation Date: _____

PLAN PAYMENTS MADE DURING THE MONTH:	MONTHLY TOTALS
Administrative Expenses	
Secured Creditors	
Priority Creditors	
Unsecured Creditors	
Total Plan Payments	

CASH FLOW REPORT:	MONTHLY TOTALS
Total Cash Receipts	
Total Cash Disbursements including plan payments	
Net Cash Flow (Cash Receipts minus Cash Disbursements)	

Please Attach a copy of the Monthly Bank Statement.

U.S. Trustee Quarterly Fees are incurred until a Chapter 11 case has been converted, dismissed or closed by final decree.

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1. Have all U.S. Trustee Quarterly Fees been paid? YES NO
If no, please explain _____

2. Have all payments to attorneys and other professionals
been made as ordered? If no, please explain YES NO

3. Have all payments been made as set forth in plan? YES NO
If no, please explain _____
4. Have all property sales and transfers described
in plan been completed? If no, please explain YES NO

5. Have any distributions been made to any owners
stockholders of the debtor? YES NO
If yes, please provide an explanation (exclude
wages) _____
6. Are all post-confirmation tax liabilities current? YES NO
If no, please explain _____

7. Have all claims been resolved? YES NO
If no, please provide explanation _____

8. What is the estimated date for filing the final
decree? _____

The undersigned certifies under penalty of perjury that the information contained in this report is complete, true and correct to the best of his/her knowledge, information, and belief.

Signature _____ Date _____